

HISTORY FACILITY PROFILE

KOLOB CARE & REHABILITATION PROVIDER #: 465152 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 178 SOUTH 1200 EAST PHONE NUMBER: (435) 688-1207 TOTAL: 120
 ST GEORGE UT 84790 PARTICIPATION DATE: 06/07/2001 CERTIFIED: 120 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/28/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 120			
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TOTAL:	75	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	20	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	32				120		
OTHER:	23						

CURRENT SURVEY REVISIT DATES - 09/25/2002

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
				06/2001		08/28/2002			
								X C D	09/25/2002 REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE

EDITION OF LSC APPLIED

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	85 NEW SURVEY	85 NEW SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
			06/2001		08/28/2002		
				X C		09/20/2002	K0028-DOORS AND VISION PANELS K0062-SPRINKLER SYSTEM MAINTENANCE

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	1	0	0	0
HEALTH TOTAL	1	0	0	0
LIFE SAFETY CODE	1	1	0	0
LIFE SAFETY CODE + HEALTH	2	1	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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02/27/2002	SUBSTANTIATED
05/20/2002	UNSUBSTANTIATED
08/28/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT